



Virginia
Regulatory
Town Hall

Proposed Regulation Agency Background Document

Agency Name:	Board of Nursing, Department of Health Professions
VAC Chapter Number:	18 VAC 90-40-10 et seq.
Regulation Title:	Regulations Governing Prescriptive Authority for Nurse Practitioners
Action Title:	Increase in fees
Date:	February 16, 2000

This information is required pursuant to the Administrative Process Act (§ 9-6.14:9.1 *et seq.* of the *Code of Virginia*), Executive Order Twenty-Five (98), Executive Order Fifty-Eight (99), and the *Virginia Register Form, Style and Procedure Manual*. Please refer to these sources for more information and other materials required to be submitted in the regulatory review package.

Summary

Please provide a brief summary of the proposed new regulation, proposed amendments to an existing regulation, or the regulation proposed to be repealed. There is no need to state each provision or amendment or restate the purpose and intent of the regulation; instead give a summary of the regulatory action and alert the reader to all substantive matters or changes. If applicable, generally describe the existing regulation.

The Board of Nursing proposes amendments to these regulations in order to increase certain fees pursuant to its statutory mandate to levy fees as necessary to cover expenses of the board. The \$25 renewal fee for prescriptive authority is not being changed, but the reinstatement fee will increase and a new late fee of \$10 is established. Fees sufficient to fund the operations of the Board are essential for activities such as licensing, approval of nurse education programs, investigation of complaints, and adjudication of disciplinary cases.

Basis

Please identify the state and/or federal source of legal authority to promulgate the regulation. The discussion of this statutory authority should: 1) describe its scope and the extent to which it is mandatory or discretionary; and 2) include a brief statement relating the content of the statutory authority to the specific regulation. In addition, where applicable, please describe the extent to which proposed changes exceed federal minimum requirements. Full citations of legal authority and, if available, web site addresses for locating the text of the cited authority must be provided. Please state that the Office of the Attorney General has certified that the agency has the statutory authority to promulgate the proposed regulation and that it comports with applicable state and/or federal law.

18 VAC 90-40-10 et seq. Regulations Governing Prescriptive Authority for Nurse Practitioners was promulgated under the general authority of Title 54.1 of the Code of Virginia.

Chapter 24 establishes the general powers and duties of health regulatory boards including the responsibility to promulgate regulations and levy fees.

§ 54.1-2400. General powers and duties of health regulatory boards.--The general powers and duties of health regulatory boards shall be:

- 1. To establish the qualifications for registration, certification or licensure in accordance with the applicable law which are necessary to ensure competence and integrity to engage in the regulated professions.*
- 2. To examine or cause to be examined applicants for certification or licensure. Unless otherwise required by law, examinations shall be administered in writing or shall be a demonstration of manual skills.*
- 3. To register, certify or license qualified applicants as practitioners of the particular profession or professions regulated by such board.*
- 4. To establish schedules for renewals of registration, certification and licensure.*
- 5. To levy and collect fees for application processing, examination, registration, certification or licensure and renewal that are sufficient to cover all expenses for the administration and operation of the Department of Health Professions, the Board of Health Professions and the health regulatory boards.*
- 6. To promulgate regulations in accordance with the Administrative Process Act (§ 9-6.14:1 et seq.) which are reasonable and necessary to administer effectively the regulatory system. Such regulations shall not conflict with the purposes and intent of this chapter or of Chapter 1 and Chapter 25 of this title.*
- 7. To revoke, suspend, restrict, or refuse to issue or renew a registration, certificate or license which such board has authority to issue for causes enumerated in applicable law and regulations.*

8. *To appoint designees from their membership or immediate staff to coordinate with the Intervention Program Committee and to implement, as is necessary, the provisions of Chapter 25.1 (§ 54.1-2515 et seq.) of this title. Each health regulatory board shall appoint one such designee.*
9. *To take appropriate disciplinary action for violations of applicable law and regulations.*
10. *To appoint a special conference committee, composed of not less than two members of a health regulatory board, to act in accordance with § 9-6.14:11 upon receipt of information that a practitioner of the appropriate board may be subject to disciplinary action. The special conference committee may (i) exonerate the practitioner; (ii) reinstate the practitioner; (iii) place the practitioner on probation with such terms as it may deem appropriate; (iv) reprimand the practitioner; (v) modify a previous order; and (vi) impose a monetary penalty pursuant to § 54.1-2401. The order of the special conference committee shall become final thirty days after service of the order unless a written request to the board for a hearing is received within such time. If service of the decision to a party is accomplished by mail, three days shall be added to the thirty-day period. Upon receiving a timely written request for a hearing, the board or a panel of the board shall then proceed with a hearing as provided in § 9-6.14:12, and the action of the committee shall be vacated. This subdivision shall not be construed to affect the authority or procedures of the Boards of Medicine and Nursing pursuant to §§ 54.1-2919 and 54.1-3010.*
11. *To convene, at their discretion, a panel consisting of at least five board members or, if a quorum of the board is less than five members, consisting of a quorum of the members to conduct formal proceedings pursuant to § 9-6.14:12, decide the case, and issue a final agency case decision. Any decision rendered by majority vote of such panel shall have the same effect as if made by the full board and shall be subject to court review in accordance with the Administrative Process Act. No member who participates in an informal proceeding conducted in accordance with § 9-6.14:11 shall serve on a panel conducting formal proceedings pursuant to § 9-6.14:12 to consider the same matter.*
12. *To issue inactive licenses and certificates and promulgate regulations to carry out such purpose. Such regulations shall include, but not be limited to, the qualifications, renewal fees, and conditions for reactivation of such licenses or certificates.*

The proposed regulation is mandated by § 54.1-113; however the Board must exercise some discretion in the amount and type of fees which will be increased in order to comply with the statute.

§ 54.1-113. Regulatory boards to adjust fees.--Following the close of any biennium, when the account for any regulatory board within the Department of Professional and Occupational Regulation or the Department of Health Professions maintained under § 54.1-308 or § 54.1-2505 shows expenses allocated to it for the past biennium to be more than ten percent greater or less than moneys collected on behalf of the board, it shall revise the fees levied by it for certification or licensure and renewal thereof so that the fees are sufficient but not excessive to cover expenses

Purpose

Please provide a statement explaining the need for the new or amended regulation. This statement must include the rationale or justification of the proposed regulatory action and detail the specific reasons it is essential to protect the health, safety or welfare of citizens. A statement of a general nature is not acceptable, particular rationales must be explicitly discussed. Please include a discussion of the goals of the proposal and the problems the proposal is intended to solve.

The purpose of the proposed amendments to these regulations is to establish fees sufficient to cover the administrative and disciplinary activities of the Board of Nursing under which these professions are regulated. Without adequate funding, the licensing of nurse practitioners and the approval of prescriptive authority could be delayed. In addition, sufficient funding is essential to carry out the investigative and disciplinary activities of the Board in order to protect the public health, safety and welfare.

Need for Fee Increases

The need to increase fees for the Board of Nursing was established in the submission of proposed regulations, 18 VAC 90-20-10 et seq., which sets fees registered nurses, licensed practical nurses, clinical nurse specialists, and certified nurse aides. Approval for promulgation of those regulations was given on November 3, 1999. In the analysis of projected fees submitted with those proposed regulations, it was assumed that fees for nurse practitioners and massage therapists would be increased accordingly and consistently with the Principles for Fee Development. Therefore, in order to meet the revenue projections that were submitted, it is necessary to adopt the fees in Proposal #2 of the attached analysis.

It is necessary for the Board of Nursing to increase their fees in order to cover expenses for essential functions of licensing, investigation of complaints against nurses, adjudication of disciplinary cases, and the review and approval of nursing education programs. The budget for the Board of Nursing is funded through fees set in regulations governing nurses (18 VAC 90-20-10), nurse practitioners (18 VAC 90-30-10), prescriptive authority (18 VAC 90-40-10) and massage therapists (18 VAC 90-50-10). Proposed amendments to increase fees for registered nurses, practical nurses, and nurse aides (in 18 VAC 90-20-10 et seq.) have been published, and final amended regulations will be adopted February 15, 2000.

In its analysis of the funding under the current fee structure for programs under the Board of Nursing, the following deficits were projected:

<u>FY Ending</u>	<u>Board</u>	<u>Amount</u>	<u>Percent</u>
6/30/00	Nursing	-\$1,299,307	-17.4%
6/30/02	Nursing	-\$4,615,498	-50.5%

§ 54.1-113 of the *Code of Virginia* requires that at the end of each biennium, an analysis of revenues and expenditures of each regulatory board shall be performed. It is necessary that each board have

sufficient revenue to cover its expenditures. Since the fees from licensees no longer generate sufficient funds to pay operating expenses for the Board of Nursing, a fee increase for all its licensees is essential.

Despite the efficiencies and reductions in staff (MEL from 132 to 125) which the Department and the Board have undertaken in the past five years, funding from fees has failed to keep up with expenditures. Renewal fees for nurse practitioners are currently \$30 each biennium and have not been increased since 1989. The biennial renewal fee for prescriptive authority has been \$25 since such authorizations were first issued in 1992, and no increase is proposed at this time.

Fee increases are related to increased need for funds for staff pay and related benefit increases included in the Governor's budget and for the general costs of doing business beyond the department's control (Y2K compliance, the health practitioner intervention program, installation of new computer system, relocation of the Department, etc.).

Fee increases for some categories of licensees regulated by the Board of Nursing are necessary in order for the Board and the Department to continue performing essential functions of licensing new nurses and of protecting the public from continued practice by incompetent or unethical nurses.

Substance

Please identify and explain the new substantive provisions, the substantive changes to existing sections, or both where appropriate. Please note that a more detailed discussion is required under the statement providing detail of the regulatory action's changes.

18 VAC 90-40-10 et seq. Regulations for Prescriptive Authority for Licensed Nurse Practitioners

18 VAC 90-40-60. Reinstatement of prescriptive authority.

Amendments are proposed to conform the policies on reinstatement of the Board of Nursing to those in the "Principles for Fee Development" for all boards within the Department. Under the current rule, anyone who is late renewing his prescriptive authority (even by one day) would pay the current renewal fee and a reinstatement fee of \$25. The proposed rule who require a person who wants to renew an expired license within one renewal cycle to pay a late fee of \$10 and the current renewal fee. Beyond the biennium, the lapsed authority could be reinstated by submission of a reinstatement application and payment of a reinstatement fee of \$60.

The board also proposes a higher fee for reinstatement of a license, which has been suspended or revoked (\$85), to recover some of the costs for holding a hearing of the board.

18 VAC 90-40-70. Fees for prescriptive authority.

Fees are amended as follows:

- Currently, anyone who does not renew his prescriptive authority by the due date must be “reinstated” at a cost of \$25, regardless of the amount of time the license was expired. Proposed regulations would establish a late fee of \$10 for anyone who renews the expired license within the biennium (approximately 35% of the biennial renewal). If the license is allowed to lapse beyond the biennium, it would require reinstatement with an application review fee and payment of the late fee and biennial renewal fee for a combined total of \$60. For reinstatement following suspension or revocation, the applicant would pay a fee of \$85 to help offset the additional disciplinary cost for a reinstatement hearing.
- The cost for producing and sending a duplicate authorization has been reduced, so the proposed fee decreases from \$10 to \$5 and reflects the actual cost.
- The proposed fee of \$25 is estimated to be the actual administrative costs for processing and collecting on a returned check; it is proposed to be the same fee for all boards within the Department.

Issues

Please provide a statement identifying the issues associated with the proposed regulatory action. The term “issues” means: 1) the primary advantages and disadvantages to the public, such as individual private citizens or businesses, of implementing the new or amended provisions; 2) the primary advantages and disadvantages to the agency or the Commonwealth; and 3) other pertinent matters of interest to the regulated community, government officials, and the public. If there are no disadvantages to the public or the Commonwealth, please include a sentence to that effect.

Prior to consideration of amendments to regulations by the Board of Nursing, the Department of Health Professions set forth a set of principles by which all boards would be guided in the development of regulations. The “Principles for Fee Development” are intended to provide structure, consistency, and equity for all professionals regulated within the Department. In consideration of various alternatives and issues surrounding the adoption of fees, the Principles served to guide the Board in the development of an appropriate and necessary fee.

ISSUE 1: Proration of initial licensure fees based on timing within the renewal cycle an applicant is initially licensed.

It is unknown at the time of application for initial licensure when or if the applicant will qualify. Applicants may be delayed or ineligible because they fail to subsequently submit required information (such as transcripts or verification from other states), do not meet substantive requirements (education, experience, moral character, etc.) or fail to pass an examination. While most candidates are eventually found eligible, it is impossible to predict when or if any given candidate will be licensed.

Therefore, in order to prorate an initial ‘license fee’ for the current period of licensure it would require the assessment, after the determination of eligibility, of each newly qualified

candidate. To accomplish this, the Department would need to incur a cost to program automated systems to generate assessments in various occupational categories. In addition to generating the assessment, the agency will be required to receive and account for the additional payment. This task could possibly be contracted out, as we do with a number of lock box transactions. All exceptions to lock box transactions, however, are handled in-house, which is an activity that would result in additional administrative costs.

Prorating of fees would have negative impact on prompt licensing of nurse practitioners and issuance of prescriptive authority. It is likely that it would add a minimum of 14 days and likely average 21 days to the time it will take to issue a license after approval (the period to generate an assessment, mailing out, writing of a check, return mail, and accounting for the fee). In many cases a candidate is legally prohibited from employment until the license is in hand. Therefore, the equity that may be achieved by prorating fees will not be of sufficient value to lead to its implementation. During the two to three weeks of delay, the applicant could have been working with a license issued promptly upon approval by the Board. The additional income earned during that period would far exceed the small amount of the initial licensure fee that might have been saved by a system of proration.

In the proposed regulations, all applicants for a nurse practitioner license or prescriptive authority would be licensed for a full two years once eligibility has been determined. Since these professions renew biennially in their birth month, some applicants may receive more than two years, but no one would receive less than the equivalent of a biennial renewal, which is the amount calculated for initial licensure in the application fee.

Advantages and disadvantages to the licensees

As is stated above, the advantage of not prorating fees is that initial licensure can occur in a more timely manner. For those who are applying for licensure, the license is issued as soon as examination results or verifying documentation has been forwarded to the board, usually within one or two working days. All newly licensed nurse practitioners receive at least a full biennial renewal cycle, so there is no advantage to prorating the initial licensure fee.

ISSUE 2. Establishment of different fees for renewing an expired license versus reinstating a lapsed license.

Currently, Board of Nursing regulations require a fee of \$25 for an expired license, regardless of the amount of time elapsed – one day or ten years. For a person who is simply late in paying the renewal fee, the current “reinstatement” fee may seem excessive. In the Principles, there is a distinction made between those who are expired (have failed to renew within one renewal cycle) and those who are lapsed (have failed to renew beyond one renewal cycle). The appropriate late fee for an expired license should be set at 35% of the renewal fee (\$20 for a nurse practitioner and \$10 for prescriptive authority); the current renewal fee must also be paid. Since a reinstatement application is required for a licensee to reinstate a lapsed license, the reinstatement fee should include the current renewal fee, the late fee, and a credential review fee.

Reinstatement of a license which has been suspended or revoked necessitates an additional cost of a hearing before a panel of the Board. Therefore, a fee of \$125 is proposed for reinstatement of a suspended or revoked nurse practitioner license and \$85 for reinstatement of prescriptive authority in order to recover some of those costs to the Board.

Advantages and disadvantages to the licensees

For persons who are late in paying their biennial renewal but who pay within two years, there would be an advantage in the proposed regulations. Currently, the late fee is \$25; the proposed late fee is \$20. For those who fail to renew a license for more than a biennium, the proposed reinstatement will be a higher fee to cover the costs of a reinstatement application and the late fee.

ISSUE 3. Uniformity among boards for setting miscellaneous fees.

In setting proposed fees for miscellaneous activities of the Board, the Principles call for uniformity among boards and regulated entities. Such activities as replacement of a duplicate license, duplicate certificate, or processing and collecting on a bad check are similar for all boards and should be based on cost estimates provided by the Deputy Director for Finance of the Department.

Advantages and disadvantages to the licensees

The advantage of proposed regulations is that all persons licensed or certified by a board under the Department of Health Professions will consistently pay a fee for miscellaneous activities determined by actual costs for that activity. There will not be inconsistent fees for licensees regulated under different boards. For nurse practitioners, the fee for a duplicate license or authorization will be reduced from \$10 to \$5; the fee for a returned check will increase from \$15 to \$25.

Advantage or disadvantages to the public

Fee increases proposed by the Board of Nursing should have no disadvantage to the consuming public. There is no projection of a reduction in the number of applicants for licensure or the number of licensed persons available to provide nursing services to the public. An increase in the biennial renewal fee will result in an additional \$10 per year for a nurse practitioner's license, and there is no proposed increase in the biennial renewal for prescriptive authority.

There would be considerable disadvantages to the public if the Board of Nursing took no action to address its deficit and increase fees to cover its expenses. The only alternative currently available under the Code of Virginia would be a reduction in services and staff, which would result in delays in licensing applicants who would be unable to work. Potentially, the most serious consequence would be a reduction in or reprioritization of the investigation of complaints against nurse practitioners. In addition, there may be delays in adjudicating cases of substandard care, neglect, abuse or other violations, resulting in potential danger to the patients who are often the most sick and vulnerable consumers in the Commonwealth.

Advantages or disadvantages to the agency

It is necessary for the Board of Nursing to increase their fees in order to cover expenses for essential functions of licensing, investigation of complaints against nurses, adjudication of disciplinary cases, and the review and approval of nursing education programs. The budget for the Board of Nursing is funded through fees set in regulations governing nurses (18 VAC 90-20-10), nurse practitioners (18 VAC 90-30-10), prescriptive authority (18 VAC 90-40-10) and massage therapists (18 VAC 90-50-10). Proposed amendments to increase fees for registered nurses, practical nurses, and nurse aides (in 18 VAC 90-20-10 et seq.) have been published, and final amended regulations will be adopted February 15, 2000. In order to balance expenditures and revenue of the Board, it is necessary for fees to be uniformly applied.

Fiscal Impact

Please identify the anticipated fiscal impacts and at a minimum include: (a) the projected cost to the state to implement and enforce the proposed regulation, including (i) fund source / fund detail, (ii) budget activity with a cross-reference to program and subprogram, and (iii) a delineation of one-time versus on-going expenditures; (b) the projected cost of the regulation on localities; (c) a description of the individuals, businesses or other entities that are likely to be affected by the regulation; (d) the agency's best estimate of the number of such entities that will be affected; and e) the projected cost of the regulation for affected individuals, businesses, or other entities.

Projected cost to the state to implement and enforce:

(i) Fund source:

As a special fund agency, the Board of Nursing must generate sufficient revenue to cover its expenditures from non-general funds, specifically the renewal and application fees it charges to practitioners for necessary functions of education program approval, administration of licensing, investigation of complaints, and disciplinary hearings.

(ii) Budget activity by program or subprogram:

The program of the Board of Nursing is funded by revenue generated from fees charged to applicants and regulated entities. There is no change in the budget of the Commonwealth as a result of this program.

(iii) One-time versus ongoing expenditures:

The agency will incur some costs (approximately \$2500) for mailings to the Public Participation Guidelines Mailing List, conducting a public hearing, and sending copies of final regulations to regulated entities.

Projected cost on localities:

There are no projected costs to localities.

Description of entities that are likely to be affected by regulation:

The entities that are likely to be affected by these regulations would be licensed nurse practitioners (including nurse anesthetists and nurse midwives) who hold a license in Virginia, nurse practitioners who have prescriptive and persons who would be applying for licensure or prescriptive authority.

Estimate of number of entities to be affected:

The number of regulated entities (as of 12/27/99) who would be affected by these regulations is:

Nurse practitioners	3840
Prescriptive authority	1747

The initial issuance of prescriptive authority will not change; it remains \$50. Likewise the biennial renewal remains \$25. Those who fail to renew their prescriptive authority within the biennium will pay a late fee of \$10. For those whose license is lapsed beyond two years, a reinstatement application and fee will be required at a cost of \$60 for prescriptive authority (including the late fee and the biennial renewal).

Miscellaneous costs, such as replacement of a duplicate license or wall certificate, verification of a license or transcript, and returned check charges are uniformly proposed at amounts consistent with the actual costs incurred by the Department for those activities.

Detail of Changes

Please detail any changes, other than strictly editorial changes, that are being proposed. Please detail new substantive provisions, all substantive changes to existing sections, or both where appropriate. This statement should provide a section-by-section description - or cross-walk - of changes implemented by the proposed regulatory action. Where applicable, include citations to the specific sections of an existing regulation being amended and explain the consequences of the proposed changes.

18 VAC 90-40-10 et seq. Regulations for Prescriptive Authority for Licensed Nurse Practitioners

18 VAC 90-40-60. Reinstatement of prescriptive authority.

Amendments are proposed to conform the policies on reinstatement of the Board of Nursing to those in the "Principles for Fee Development" for all boards within the Department. Under the current rule, anyone who is late renewing his prescriptive authority (even by one day) would pay the current renewal fee and a reinstatement fee of \$25. The proposed rule who require a person who wants to renew an expired license within one renewal cycle to pay a late fee of \$10 and the current renewal fee. Beyond the biennium, the lapsed authority could be reinstated by submission of a reinstatement application and payment of a reinstatement fee of \$60.

The board also proposes a higher fee for reinstatement of a license, which has been suspended or revoked (\$85), to recover some of the costs for holding a hearing of the board.

18 VAC 90-40-70. Fees for prescriptive authority.

Fees are amended as follows:

- Currently, anyone who does not renew his prescriptive authority by the due date must be “reinstated” at a cost of \$25, regardless of the amount of time the license was expired. Proposed regulations would establish a late fee of \$10 for anyone who renews the expired license within the biennium (approximately 35% of the biennial renewal). If the license is allowed to lapse beyond the biennium, it would require reinstatement with an application review fee and payment of the late fee and biennial renewal fee for a combined total of \$60. For reinstatement following suspension or revocation, the applicant would pay a fee of \$85 to help offset the additional disciplinary cost for a reinstatement hearing.
- The cost for producing and sending a duplicate authorization has been reduced, so the proposed fee decreases from \$10 to \$5 and reflects the actual cost.
- The proposed fee of \$25 is estimated to be the actual administrative costs for processing and collecting on a returned check; it is proposed to be the same fee for all boards within the Department.

Alternatives

Please describe the specific alternatives to the proposal considered and the rationale used by the agency to select the least burdensome or intrusive alternative that meets the essential purpose of the action.

Prior to the publication of a Notice of Intended Regulatory Action to increase fees of the Board, the agency considered three possible solutions to the deficits in the Board of Nursing. They were:

- 1. General Fund Support.** To permit General Fund support, the *Code of Virginia* would need to be amended to allow such funding as the *Code* restricts board revenue to fees.
- 2. Reduction in department/board operations and staff .** In order to prevent deficit spending, the department would basically need to lay off staff to reduce expenses associated with operations. The net result being a delay in the performance of or the elimination of investigations and discipline, license renewals, and educational program approvals. Delays in licensing and investigation could place the general population at health risk as nurses and nurse aides who should not be practicing would continue to practice, and the supply of nurses needed for the health system would be delayed or curtailed. It is believed that these consequences would not be acceptable to the administration, the General Assembly, or to the general public.

3. Increase fees through the promulgation of regulations. An alternative is to seek the revenue from licensees and applicants to fully fund appropriated expenditures. Costs of services will be paid by patients who use the services of providers, but licensure fees represent a miniscule percentage of the over-all costs of health care. However, failure to fully fund the services through fees will have a detrimental affect on quality.

It was the recommendation of the Department that the Board of Nursing adopt the third alternative and seek to increase some of its fees.

Prior to consideration of amendments to regulations by the Board of Nursing, the Department of Health Professions set forth a set of principles by which all boards would be guided in the development of regulations. The “Principles for Fee Development” are intended to provide structure, consistency, and equity for all professionals regulated within the Department. In consideration of various alternatives and issues surrounding the adoption of fees, the Principles served to guide the Board in the development of an appropriate and necessary fee.

During the development of a fee proposal, the Board considered the following issues and alternatives:

1. Proration of application fees based on timing within the renewal cycle an applicant is initially licensed.

It is unknown at the time of application for initial licensure when or if the applicant will qualify. Applicants may be delayed or ineligible because they fail to subsequently submit required information (such as transcripts or verification from other states), do not meet substantive requirements (education, experience, moral character, etc.) or fail to pass an examination. While most candidates are eventually found eligible, it is impossible to predict when or if any given candidate will be licensed.

Therefore, in order to prorate an initial ‘license fee’ for the current period of licensure it would require the assessment, after the determination of eligibility, of each newly qualified candidate (estimated to be 5880 per year, including licensure by examination and endorsement). This represents a new series of transactions. To accomplish this, the board would need to incur a cost to program automated systems to generate assessments in various occupational categories. In addition to generating the assessment, the agency will be required to receive and account for the additional payment. This task could possibly be contracted out, as we do with a number of lock box transactions. All exceptions to lock box transactions however, are handled in-house, which is an activity that would result in additional administrative costs.

Prorating of fees would have negative impact on prompt licensing of nurse practitioners. It is likely that it would add a minimum of 14 days and likely average 21 days to the time it will take to issue a license after approval (the period to generate an assessment, mailing out, writing of a check, return mail, and accounting for the fee). In many cases a candidate is legally prohibited from employment until the license is in hand. Therefore, the equity that may be achieved by prorating fees will not be of

sufficient value to lead to its implementation. During the two to three weeks of delay, the applicant could have been working with a license issued promptly upon approval by the Board. The additional income earned during that period would far exceed the small amount of the initial licensure fee that might have been saved by a system of proration.

In the proposed regulations, all applicants for a nurse practitioner license would be licensed for a full two years once eligibility has been determined. Since nurse practitioners renew biennially in their birth month, some applicants may receive a little more than two years, but no one would receive less than the equivalent of a biennial renewal, which is the amount calculated for initial licensure in the application fee.

2. Establishment of different fees for renewing an expired license versus reinstating a lapsed license.

Currently, Board of Nursing regulations require a fee of \$25 for an expired nurse practitioner license, regardless of the amount of time elapsed – one day or ten years. For a person who is simply late in paying the renewal fee, the current “reinstatement” fee may seem excessive. In the Principles, there is a distinction made between those who are expired (have failed to renew within one renewal cycle) and those who are lapsed (have failed to renew beyond one renewal cycle). The appropriate late fee for an expired license has been set at 35% of the renewal fee (\$20 for a nurse practitioner and \$10 for prescriptive authority); the current renewal fee must also be paid. Since a reinstatement application is required for a licensee to reinstate a lapsed license, the reinstatement fee should include the current renewal fee, the late fee, and a credential review fee.

Reinstatement of a license which has been suspended or revoked necessitates an additional cost of a hearing before a panel of the Board. Therefore, a fee of \$125 is proposed for reinstatement of a suspended or revoked nurse practitioner license or \$85 for prescriptive authority to recover some of those costs to the Board.

3. Uniformity among boards for setting miscellaneous fees.

In setting proposed fees for miscellaneous activities of the Board, the Principles call for uniformity among boards and regulated entities. Such activities as replacement of a duplicate license, duplicate certificate, or processing and collecting on a bad check are similar for all boards and should be based on cost estimates provided by the Deputy Director for Finance of the Department.

Adoption of fee proposal for licensed nurse practitioners and prescriptive authority.

Prior to its adoption of proposed regulations, the Board discussed the “Principles for Fee Development” prepared by staff of the Department and reviewed the policies for applying those Principles to fees of the Board. It then considered three proposals prepared by the Finance Office of the Department, all of which follow the Principles for fee development but increase fees at a differing rate.

Given its statutory responsibility to levy fees sufficient to meet expenses of the Board, proposal #2 was adopted as the most reasonable and least burdensome. Proposal #1 would bring in sufficient revenue in each of the next two biennia but would be insufficient to eliminate an accumulated the deficit; the Board would continue in a deficit position through the 2002-04 biennium. The Board found that unacceptable. Proposal #3 would eliminate the deficit by the end of the 2000-02 biennium but would create a surplus in excess of 10% by the conclusion of the 2002-04 biennium. The Board found that alternative unacceptable because the fee increase would excessive.

Proposal #2 is acceptable to the Department, which depends on the revenue of the Board of Nursing for 35.6% of its allocated costs. Revenues of the Board would be sufficient to cover its costs during the next biennium and would reduce the deficit to approximately \$250,000. The Board would likely be in a break-even position during the middle of the next biennium and then would be begin to realize a modest surplus.

Therefore, the Board unanimously adopted the fee structure reflected in proposal #2 and proposed the necessary amendments to its regulations.

Public Comment

Please summarize all public comment received during the NOIRA comment period and provide the agency response.

The Notice of Intended Regulatory Action was published on November 22, 1999 and subsequently sent to approximately 1100 persons or organizations on the Public Participation Guidelines Mailing List of the Board. The deadline for comment was December 22, 1999 and there was no comment received.

Clarity of the Regulation

Please provide a statement indicating that the agency, through examination of the regulation and relevant public comments, has determined that the regulation is clearly written and easily understandable by the individuals and entities affected.

Prior to the adoption of proposed regulations by the Board, the Deputy Director of the Department of Health Professions along with other members of the staff developed a set of Principles by which boards would be guided in the development of fees mandated by the Code of Virginia. The purpose of the Principles was to provide guidance for clarity, reasonableness and consistency among boards and among professions regulated within a single board. The clarity and reasonableness of the language that was adopted had the approval of the licensees and citizen members of the Board of Nursing and the Assistant Attorney General who worked with the Board on regulatory language.

Periodic Review

Please supply a schedule setting forth when the agency will initiate a review and re-evaluation to determine if the regulation should be continued, amended, or terminated. The specific and measurable regulatory goals should be outlined with this schedule. The review shall take place no later than three years after the proposed regulation is expected to be effective.

The proposed amendments to these regulations will be reviewed following publication in the Register and the 60-day public comment period. If there are any oral or written comments received, the Board will consider revisions to the proposal prior to adoption of final regulations.

Public Participation Guidelines of the Board of Nursing (18 VAC 90-10-10 et seq.) require a thorough review of regulations each biennium. In addition, § 54.1-113 of the Code of Virginia requires a review of the fee structure at the close of each biennium. Therefore, the Board will review this regulation in 2001-02 and will recommend amendments as necessary.

Any review which indicates that the Board is accumulating a surplus in funds in excess of 10% of revenue over budget would result in proposed regulations to reduce fees. That action could be expedited under an exemption from the Administrative Process Act (§ 9-6.14:4.1 of the Code of Virginia).

In addition, the Board receives public comment at each of its meetings and will consider any request for amendments. Petitions for rule-making also receive a response from the Board during the mandatory 180 days in accordance with its Public Participation Guidelines.

Family Impact Statement

Please provide an analysis of the proposed regulatory action that assesses the potential impact on the institution of the family and family stability including the extent to which the regulatory action will: 1) strengthen or erode the authority and rights of parents in the education, nurturing, and supervision of their children; 2) encourage or discourage economic self-sufficiency, self-pride, and the assumption of responsibility for oneself, one's spouse, and one's children and/or elderly parents; 3) strengthen or erode the marital commitment; and 4) increase or decrease disposable family income.

The agency has reviewed the proposed regulation in relation to its impact on the institution of the family and family stability. There would be no effect of the proposal on the authority and rights of parents, economic self-sufficiency or the marital commitment. There would also be no effect on disposable family income, since there would be no increase in the renewal fee for a nurse practitioner with prescriptive authority.